



# Request for Letter of Recommendation

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Student Contact Number (must be valid): \_\_\_\_\_

Alternate Contact Number (must be valid): \_\_\_\_\_

Student Email Address (must be valid): \_\_\_\_\_@\_\_\_\_\_

I am requesting a letter of recommendation for \_\_\_\_\_ program of study with \_\_\_\_\_ Institution/University.

Due Date for Letter of Recommendation: \_\_\_\_\_

- I would like to meet with a TRiO/SSS advisor regarding recommendation letter
- I have attached a copy of the application requirements.
- I would like to pick up the letter of recommendation.
- Please mail the recommendation to:

ATTN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted to the Institution Mentioned above?  Yes  No (If yes, attach an acceptance letter to this form.)

Name of DCCCD Degree Plan on File: \_\_\_\_\_ Academic Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Have you applied for Graduation?  Yes  No Graduation Date: \_\_\_\_\_

Educational Goals: \_\_\_\_\_  
\_\_\_\_\_

Career Goals: \_\_\_\_\_  
\_\_\_\_\_

Reason for Pursuing Educational/Career Goals: \_\_\_\_\_  
\_\_\_\_\_

Personal Data (e.g. single parent, low income, first generation, etc.): \_\_\_\_\_  
\_\_\_\_\_

Honors, Recognitions, Scholarships, etc.: \_\_\_\_\_  
\_\_\_\_\_

Involvement in extracurricular activities (e.g. volunteer and work experience, clubs, organizations memberships, etc.): \_\_\_\_\_  
\_\_\_\_\_